

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35626**

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>314</u>	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA				c. CITY OR TOWN SEDALIA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME				e. STREET ADDRESS (If rural, give location) 1501 E. 6th St.			
3. NAME OF DECEASED (Type or Print) FRED		a. (First) CLARK		c. (Last) NUNN		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 1, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Nunn		13b. MOTHER'S MAIDEN NAME Fannie Clear		14. NAME OF HUSBAND OR WIFE Lillie Howe Nunn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-12-3927		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Brown, Sedalia, Mo., Route 5			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL APOPLEXY. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (CAUSE UNDETERMINED) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 1. SENILITY 2. MALNUTRITION 3. HEAT EXHAUSTION.				INTERVAL BETWEEN ONSET AND DEATH 1 DAY	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334XF				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 16 JULY, 1957 , to 17 JULY, 1957 , that I last saw the deceased alive on 16 JULY, 1957 , and that death occurred at 10:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Karl B. Gower MD				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 19 JULY 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/19/57		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 7-19-57		REGISTRAR'S SIGNATURE Frances Shelby		FUNDAL DIRECTOR'S SIGNATURE Alvan Ewing		ADDRESS Sedalia, Mo.	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 9 1 307

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Seaside*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.